

Long Term Care

**COVID-19 Confirmed
Medication Standard Orders**

Based on: [Interim Guidance: Care of Residents in Long Term Care Homes During the COVID-19 Pandemic](#), Public Health Agency of Canada (PHAC), 2020.

Addressograph/Place Label Here

These orders are intended to initiate medical and comfort care for COVID-19 confirmed residents remaining within the LTC setting. These orders should be discussed with the resident/families as part of updating the goals of care. These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

- Automatically activated (If not in agreement with an order cross out and initial). Requires a check(✓) for activation

Allergies: Unknown No Yes (describe) _____

Weight: _____ kg Estimated Actual **Date:** _____ **Creatinine Clearance** _____ mL/min **Date:** _____

MEDICATION ORDERS

GENERAL ORDERS

Pain and fever:

- acetaminophen 650 mg to 1000 mg PO q6h PRN
 acetaminophen 650 mg PR q6h PRN

**Max 4,000 mg/day; in older adults with hepatic impairment or history of alcohol abuse, suggested max is 3,000 mg/day, though consider potential benefit versus risk in a resident near end-of-life (PHAC, 2020).*

Chronic scheduled opioids:

- Consider an increase in chronic scheduled opioid, please specify below.
 Suggest 25-50% (PHAC, 2020) _____

Opioid naïve:

- Preferred: HYDROmorphone 0.5 mg to 1 mg PO/sublingual q2h PRN or HYDROmorphone 0.2 mg to 0.4 mg subcut q2h PRN

OR

- morphine 2.5 mg to 5 mg PO/sublingual q2h PRN or morphine 1 mg to 2 mg subcut q2h PRN

- If pain or dyspnea is not controlled, contact prescriber to consider opioid dose escalation

Secretions:

- scopolamine 0.4 mg subcut q4h PRN

OR

- glycopyrrolate 0.4 mg subcut q4h PRN

Nausea, agitation, hyperactive delirium:

- haloperidol 0.5 mg to 1 mg PO/subcut q2h PRN

OR

- methotrimeprazine 2.5 mg to 10 mg PO/subcut q4h PRN

Anxiety:

- LORazepam 0.5 mg to 1 mg PO/sublingual/subcut q2h PRN

Antibiotic therapy:

Antibiotics should not be prescribed routinely in LTC residents with confirmed COVID-19, particularly in cases of mild illness. Empiric antibiotic treatment should be considered for LTC residents with confirmed COVID-19, when there is clinical suspicion for bacterial infection (PHAC, 2020).

- cefuroxime 500 mg PO q12h x 5 days

AND

- azithromycin 500 mg PO daily x 3 days

Venous thromboembolism (VTE) prophylaxis:

Consider if non-ambulatory, severe illness and active medical management is consistent with goals of care.

- Contraindication to pharmacologic prophylaxis
 Currently anticoagulated for pre-existing condition
 dalteparin 5,000 units subcut once daily x 10 days then reassess
(Avoid for residents with creatinine clearance less than 30 mL/min)
 dalteparin _____ units subcut once daily x 10 days then reassess

(Usual dose 2,500 units daily for residents less than 40 kg or 7,500 units daily for BMI greater than 40 kg/m². Avoid for residents with creatinine clearance less than 30 mL/min)

- heparin 5000 units subcut q12h x 10 days then reassess

- Review the Advance Care Planning - Goals of Care form (CLI.5910.PL.008.FORM.01)

- Continue Droplet and Contact Precautions, with addition of Airborne Precautions for aerosol-generating medical procedures (AGMPs).

- Reassess and minimize AGMPs where possible (e.g. nebulized medication, CPAP/BiPAP).

Hydration and nutrition:

- Initiate nutrition and hydration strategies if within goals of care

If enteral hydration is not possible, discuss hypodermoclysis with regional incident command, if consistent with the resident's goals of care.

Pain and dyspnea: general order

- Assess pain and dyspnea every 2 to 4 h and PRN or as ordered

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date: _____ Time: _____

Order Transcribed

Date: _____ Time: _____ Init _____

FAX TO PHARMACY

Date: _____ Time: _____ Init _____